

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

18056

Registrar's No.

36

Primary Registration District No.

559.5

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 7827 Main Street, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
(Specify whether  
In this community 14 years.  
years, months or days)

3. (a) PRINT FULL NAME Edward Francis Lane,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Louise Lane 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased January 15 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 4 2 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

12. Name John Lane,

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Unknown,

15. Birthplace Ireland, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Louise Lane,  
(b) Address 7827 Main St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gilman Plaza, K. C., Mo.

19. (a) 5/20/43 (Date received local registration) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7827 Main St.,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th  
year 1943 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from DEC. 12,  
1942, to May 17, 1943,  
that I last saw him alive on May 17, 1943, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Old. Valvular Heart Disease  
Focal infection  
+ childhood diphtheria.  
Due to Old. Valvular Heart Disease  
Due to Focal infection  
Other conditions no  
(Include pregnancy within 3 months of death)

Major findings: Of operations 92d  
Of autopsy ✓  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ✓  
(b) Date of occurrence ✓  
(c) Where did injury occur? ✓ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work ✓ (Specify type of place) (M. E. or other)  
23. Signature [Signature] Date signed 5/19/43  
Address Professional Bldg.

Dr. Annie S. Hedger (Unlicensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 11 1943

Dr. Edward P. Heller,



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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1415

P. O. Address 15 C 111

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**